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Getting older, feeling safe, taking risks

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Getting older, feeling safe, taking risks

Abstract

Risk has certainly become entrenched in the language of contemporary health care. Risk assessments are presented as part of good quality practice, reflecting the view that risk is a bad thing and should be avoided at all cost.

Keywords

taking, feeling, older, safe, risks, getting

Disciplines

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Management of clients with Alzheimer's dementia and co-morbid depression

BY **KAREN HARDER**

An increasing rate of ageing in Australia is leading to a higher rate of diagnosis of Alzheimer's dementia and co-morbid depression.

Both conditions have high prevalence, morbidity and mortality rates but to date, no cure (Lyketsos 2009).

When administering antidepressants and antipsychotics to treat the distress of physically and psychologically vulnerable elderly clients, health professionals must consider possible side effects which may include increasing the risk of falls and toxicity affecting quality of life.

Changes in the elderly client's liver and kidney function predispose this group to toxicity and disorientation which is compounded by poor hydration status. Due to the association of selective serotonin re-uptake inhibitors (SSRIs) with disturbances in blood pressure, and antipsychotics with muscle rigidity, an urgent review of the use and frequency of these medications with this group of clients is required.

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It is crucial the client's preferences are incorporated into the provision of their daily care while decreasing their combativeness when providing client-centred care.

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Similarly, limited concentration, distractibility and perceptual disturbances of some elderly clients can make effective communication difficult. Fontaine (2009) and Toughy (2008) highlight the importance of limiting environ-



mental noise during interactions, using non-threatening eye contact and using clear basic communication.

As the client with Alzheimer's dementia deteriorates, aphasia, apraxia and agnosia will impede their ability to communicate. The use of gestures and demonstration can assist in the daily management of these clients. It is crucial the client's preferences are incorporated into the provision of their daily care while decreasing their combativeness when providing client-centred care.

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KAREN HARDER IS A LECTURER AT MONASH UNIVERSITY SCHOOL OF NURSING AND MIDWIFERY

Getting older, feeling safe, taking risks

BY **LEONIE CLANCY, BRENDA HAPPELL AND LORNA MOXHAM**

Risk has certainly become entrenched in the language of contemporary health care. Risk assessments are presented as part of good quality practice, reflecting the view that risk is a bad thing and should be avoided at all cost.

Aged care and mental health services are both seen to carry particular risks because of the perceived vulnerabilities they carry. So what does that mean for mental health services for older people? The big danger is that avoiding risk may prevail over providing safe care and become a major stumbling block for recovery-based services. When Leonie Clancy embarked on her PhD at Central Queensland University, her thesis entitled: "assessing risk in aged mental health care", she did not realise how problematic the term 'risk' would be for the services users and frontline service providers who participated in her study. Leonie conducted a series of interviews with managers, clinicians, consumers and carers from a large aged mental health service, the industry partner in her research. Central to the research findings was the term 'safety' was a far better description of what was desired from the service than 'risk'. It may seem safety is the outcome when risk is minimised but not so according to participants. Indeed, risk was seen as an inherent and even necessary part of achieving safety. Not taking risks was seen as a sure path to dependency on the system and much less chance of living independently, maintaining contacts with friends and family and doing things people like to do. While risk may be a popular term in managerial circles, its relevance to clinical practice needs caution to shift the focus back to providing holistic care and facilitating recovery.

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